

## 48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

*To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.*

<b>1. NAME OF COMMITTEE IN FULL</b> <div style="text-align: center; font-size: 1.2em; font-weight: bold;">Cohn for Congress</div>																																																
<b>ADDRESS</b> (number and street)    7903 Hampton Lake Drive																																																
<b>CITY, STATE, and ZIP CODE</b> <div style="display: flex; justify-content: space-between;"> <span>Tampa</span> <span>FL</span> <span>33647</span> </div>																																																
<b>2. NAME OF CANDIDATE</b> Alan M Cohn	<b>3. OFFICE SOUGHT</b> (State and District) House                      FL                      15		<b>4. FEC IDENTIFICATION NUMBER</b> C00548537																																													
<b>5. IS THIS AN AMENDMENT?</b> <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____																																																
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 40%;">A. FULL NAME, MAILING ADDRESS AND ZIP CODE</th> <th style="width: 30%;">Name of Employer</th> <th style="width: 15%;">Date (month, day, year)</th> <th style="width: 15%;">Amount</th> </tr> <tr> <td rowspan="2" style="padding: 5px; vertical-align: top;">           UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)             8000 E Jefferson Ave   <div style="display: flex; justify-content: space-between;"> <span>Detroit</span> <span>MI 48214-3963</span> </div> </td> <td style="padding: 5px; vertical-align: top;">           Transaction ID : VN915D1D8T8         </td> <td rowspan="2" style="padding: 5px; vertical-align: top;">           08/21/2014         </td> <td rowspan="2" style="padding: 5px; vertical-align: top;">           5000.00         </td> </tr> <tr> <td style="padding: 5px; vertical-align: top;">Occupation</td> </tr> <tr> <th style="width: 40%;">B. FULL NAME, MAILING ADDRESS AND ZIP CODE</th> <th style="width: 30%;">Name of Employer</th> <th style="width: 15%;">Date (month, day, year)</th> <th style="width: 15%;">Amount</th> </tr> <tr> <td rowspan="2" style="height: 100px;"></td> <td style="height: 50px;"></td> <td rowspan="2"></td> <td rowspan="2"></td> </tr> <tr> <td style="height: 50px;"></td> </tr> <tr> <th style="width: 40%;">C. FULL NAME, MAILING ADDRESS AND ZIP CODE</th> <th style="width: 30%;">Name of Employer</th> <th style="width: 15%;">Date (month, day, year)</th> <th style="width: 15%;">Amount</th> </tr> <tr> <td rowspan="2" style="height: 100px;"></td> <td style="height: 50px;"></td> <td rowspan="2"></td> <td rowspan="2"></td> </tr> <tr> <td style="height: 50px;"></td> </tr> <tr> <th style="width: 40%;">D. FULL NAME, MAILING ADDRESS AND ZIP CODE</th> <th style="width: 30%;">Name of Employer</th> <th style="width: 15%;">Date (month, day, year)</th> <th style="width: 15%;">Amount</th> </tr> <tr> <td rowspan="2" style="height: 100px;"></td> <td style="height: 50px;"></td> <td rowspan="2"></td> <td rowspan="2"></td> </tr> <tr> <td style="height: 50px;"></td> </tr> <tr> <th style="width: 40%;">E. FULL NAME, MAILING ADDRESS AND ZIP CODE</th> <th style="width: 30%;">Name of Employer</th> <th style="width: 15%;">Date (month, day, year)</th> <th style="width: 15%;">Amount</th> </tr> <tr> <td rowspan="2" style="height: 100px;"></td> <td style="height: 50px;"></td> <td rowspan="2"></td> <td rowspan="2"></td> </tr> <tr> <td style="height: 50px;"></td> </tr> </table>				A. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount	UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)  8000 E Jefferson Ave  <div style="display: flex; justify-content: space-between;"> <span>Detroit</span> <span>MI 48214-3963</span> </div>	Transaction ID : VN915D1D8T8	08/21/2014	5000.00	Occupation	B. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount						C. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount						D. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount						E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount					
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<b>SIGNATURE (optional)</b> Bob A Friedman		<b>DATE</b> 08/22/2014	<b>For further information contact:</b> Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100																																													

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Any information copied from reports and statements filed under the Federal Election Campaign Act may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.

**FEC FORM 6**  
(Revised 07/2011)